

Mrs. NAPOLITANO. Mr. Speaker, one of ObamaCare's most critical successes was increased mental health services.

Because of ACA, over 48 million are now covered by mental health and parity laws. Insurance companies can no longer deny coverage for patients needing mental health services, but we do need tougher enforcement on this, as well as the insurance rate increases.

The ACA expanded Medicaid, the single largest payer of behavioral health services, to a new population. That has allowed over 1.6 million Americans to gain access to substance abuse treatment.

Last month, we signed into law reforms to mental health and substance abuse grants and services. Repealing ACA would harm those advances. ACA should be strengthened, not repealed, so more Americans have access to life-saving mental health services.

We must move mental health forward, not back. Support ACA.

□ 0915

#### STOP THIS MADNESS

(Ms. GABBARD asked and was given permission to address the House for 1 minute.)

Ms. GABBARD. Mr. Speaker, the American people have directly felt the cost of our Nation's interventionist wars, a cost borne by our Nation's sons and daughters who have served and by communities and people in every part of this country.

We have spent trillions of dollars on regime-change wars in the Middle East while communities like mine in Hawaii face a severe lack of affordable housing, aging infrastructure, the need to invest in education, health care, and so much more.

Our limited resources should go toward rebuilding our communities here at home, not fueling more counter-productive regime-change wars abroad. I have introduced the Stop Arming Terrorists Act, legislation that would stop our government from using taxpayer dollars to directly or indirectly support groups who are allied with and supporting terrorist groups like ISIS and al Qaeda in their war to overthrow the Syrian Government.

The fact that our resources are being used to strengthen the very terrorist groups we should be focused on defeating should alarm every American. I urge my colleagues to support this bipartisan legislation and stop this madness.

PROVIDING FOR CONSIDERATION OF S. CON. RES. 3, CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2017, AND PROVIDING FOR CONSIDERATION OF S. 84, PROVIDING FOR EXCEPTION TO LIMITATION AGAINST APPOINTMENT OF PERSONS AS SECRETARY OF DEFENSE WITHIN SEVEN YEARS OF RELIEF FROM ACTIVE DUTY

Mr. WOODALL. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 48 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

#### H. RES. 48

*Resolved*, That at any time after adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the concurrent resolution (S. Con. Res. 3) setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026. The first reading of the concurrent resolution shall be dispensed with. All points of order against consideration of the concurrent resolution are waived. General debate shall not exceed two hours, with 90 minutes of general debate confined to the congressional budget equally divided and controlled by the chair and ranking minority member of the Committee on the Budget and 30 minutes of general debate on the subject of economic goals and policies equally divided and controlled by Representative Tiberi of Ohio and Representative Carolyn Maloney of New York or their respective designees. After general debate the concurrent resolution shall be considered for amendment under the five-minute rule. The concurrent resolution shall be considered as read. No amendment shall be in order except the amendment printed in the report of the Committee on Rules accompanying this resolution. Such amendment may be offered only by the Member designated in the report, shall be considered as read, and shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent. All points of order against such amendment are waived. After the conclusion of consideration of the concurrent resolution for amendment, the Committee shall rise and report the concurrent resolution to the House with such amendment as may have been adopted. The previous question shall be considered as ordered on the concurrent resolution and on any amendment thereto to adoption without intervening motion. The concurrent resolution shall not be subject to a demand for division of the question of its adoption.

SEC. 2. Upon adoption of this resolution it shall be in order to consider in the House the bill (S. 84) to provide for an exception to a limitation against appointment of persons as Secretary of Defense within seven years of relief from active duty as a regular commissioned officer of the Armed Forces. All points of order against consideration of the bill are waived. The bill shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill and on any amendment thereto to final passage without intervening motion except: (1) 90 minutes of debate equally divided and controlled by the chair and ranking minority member of the Committee on Armed Services; and (2) one motion to commit.

The SPEAKER pro tempore. The gentleman from Georgia is recognized for 1 hour.

Mr. WOODALL. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Massachusetts (Mr. McGOVERN), my good friend, pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

#### GENERAL LEAVE

Mr. WOODALL. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. WOODALL. Mr. Speaker, House Resolution 48 provides for consideration of S. Con. Res. 3, the FY17 budget resolution, as well as consideration of a bill to move forward on the process of confirming our civilian Secretary of Defense, former General Mattis.

Mr. Speaker, the rule is a structured rule today to move expeditiously on both of these measures, and in the time we have gotten to spend together, Mr. Speaker, you know I am a fan of the festival of democracy that can be the Committee on Rules process, particularly the appropriations process. But there are times where moving expeditiously is required, and today is one of those days.

You are not going to see a rule like this come very often because we are considering the FY17 budget resolution today. Historically, as you know, in this Chamber, when we get ready to consider budget resolutions, Mr. Speaker, we are considering every single one that any Member of Congress would have an opportunity to write. That process takes place every spring to meet the statutory deadline of passing budgets by April. This is not that budget today, Mr. Speaker.

This is a budget, as you know, to move us forward on a reconciliation process to finish up the FY17 budget process, and rather than considering all the amendments that one might have to offer, we have made in order just one. It is the Democratic substitute. It is offered by my good friend, the ranking member on the Committee on the Budget, Mr. YARMUTH, and it is absolutely worthy of the Membership's consideration. But it is not going to be a vote-a-rama on every budget known to mankind. It will be the underlying budget from the House Committee on the Budget as well as one substitute from the ranking member.

Mr. Speaker, when it comes to consideration of the measure to waive a statutory prohibition on naming a civilian Secretary of Defense who has been out of the military for less than 7 years, we are also offering that under a closed rule today. No amendments are going to be made in order. You may not know, Mr. Speaker, but that is the

only statutory change that has passed the United States Senate in 2017.

When we talk about having to move expeditiously, when we talk about whether or not we are going to have an open process or a closed process, understand that while this body has passed dozens of statutory changes in just these first 9 days of legislative activity, the Senate has passed but one. This is in anticipation of an inauguration of a President on January 20. This is in anticipation of trying to fill out a Cabinet. This is in anticipation of trying to make sure that civilian leadership is in place on day one to lead and to serve the men and women of the United States military.

This is not the time to have that vote-a-rama. This is the time to move expeditiously, again, with a bill that has passed in a bipartisan way in the other Chamber. I look forward to getting back into the business of leading the Senate, not following the Senate. I look forward to getting back in the business of voting on absolutely every idea that Members bring to this floor.

Today, Mr. Speaker, I urge my colleagues to support this rule so that we can move expeditiously on two of our priorities: passing that FY17 budget resolution and ensuring the speedy confirmation of the civilian leader of the Department of Defense.

Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I thank the gentleman from Georgia (Mr. WOODALL) for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

(Mr. MCGOVERN asked and was given permission to revise and extend his remarks.)

Mr. MCGOVERN. Mr. Speaker, I rise in very strong opposition to this restrictive rule, and I rise in strong opposition to the underlying legislation.

Because of Republican in-fighting, Congress was unable to do one of its most basic jobs last year, passing a full budget for FY17. So now House Republicans have brought this budget bill to the floor, but we all know that this is just a vehicle for them to repeal the Affordable Care Act and take away health care from millions and millions of Americans.

For nearly 7 years, my Republican friends have railed against the Affordable Care Act. Their well-funded allies have spent billions of dollars distorting the ACA and lying to the American people about what it actually does. And for nearly 7 years there has not been a single comprehensive healthcare bill brought to the floor by Republicans as a replacement for the Affordable Care Act. Not one.

We have voted over 60 times to repeal the ACA on the House floor. I will be the first to admit that ACA is not perfect, but rather than work together to tweak it or to make it better, all we get from them are repeal bills, repeal bills, repeal bills. Let me again point out that not once, not once, was there a replacement bill offered.

Not only do Republicans not have a plan to replace the Affordable Care Act and protect access to health care for more than 20 million Americans who gained coverage, they can't even agree on a timeline for when they will pass their replacement. President-elect Trump says repeal and replace will be done on the same day, and he wants it to happen now. Representative STEVE SCALISE said Republicans will replace the ACA over the course of the next few months. Senator JOHN THUNE said it could take 2 or 3 years for the replacement to be implemented. Representative CHRIS COLLINS said Republicans have 6 months to work out the replacement plan, and Senator MITCH MCCONNELL refused to even give a timeline, just saying that it would happen.

Well, while the Republicans fight with each other over timelines, I think it is appropriate to ask: If they did have a replacement, what would that replacement be?

Well, President-elect Trump has the answer. When asked what we should replace ObamaCare with, he said: "Something terrific." When pressed for further details, and more specificity, he said: "Something that people will really, really, really like."

Mr. Speaker, you can't make this stuff up. It would be laughable if it weren't so tragic. It is tragic because what Republicans are trying to do is take healthcare protections away from millions and millions of families.

Now, no one in this Congress has to worry about health care if the Affordable Care Act is repealed, and the Donald Trumps of the world certainly don't have to worry about health care if the Affordable Care Act is repealed. If someone in their family gets really sick, they will just sell some stocks or close down another American factory or not pay their workers, as our President-elect has been known to do on many, many occasions.

But for millions of Americans, it will be a different story. Repealing the ACA would mean over 30 million Americans would lose coverage, including nearly 4 million children. More than 52 million individuals with preexisting conditions could have coverage rescinded or see their premiums dramatically increased. Millions of young adults would be unable to stay on their parents' plans until they are 26. Over 14 million individuals enrolled in Medicaid under the expansion would lose coverage, and nearly 140 million individuals with private insurance would lose access to preventive services without copays and deductibles. And millions of seniors would see their prescription drug prices increase because it would reopen the so-called doughnut hole that the ACA has begun to close.

Republicans want to slash Medicaid, a healthcare program that does a lot of good stuff and enables mothers to work their way out of poverty by providing affordable coverage for their children. As someone who represents Massachu-

setts, this is especially personal because Medicaid is one of the best tools we have in the fight against opioid addiction, providing real care for the addiction and underlying conditions that drive the opioid epidemic in our communities. Repealing Medicaid expansion under the ACA would rip coverage away from an estimated 1.6 million newly insured individuals with substance use disorders.

That is what is at stake, and that is what my Republican colleagues are so happy, giddy, and excited to do. It is sad. It is pathetic, but they are moving forward anyway with no replacement in sight. I suppose they can roll out their oldies but goodies, like health savings accounts or their other healthcare prescription, take two tax breaks and call me in the morning. But that doesn't do it.

Mr. Speaker, we have a complicated healthcare system, no doubt. I wish it were simpler. That is why I have always favored a single-payer system and that is why I favored a public option. But the problem with our system before ObamaCare was that it left all the decisions up to the insurance companies.

Do you remember the days when insurance companies could charge women more for health insurance because they said being a woman was a preexisting condition?

They can't do that anymore. Why? Not because of my Republican friends. They can't do it anymore because we passed the ACA.

This budget bill would also give Republicans a green light to defund Planned Parenthood. To my colleagues who are so anxious to defund Planned Parenthood just to satisfy their right-wing base, let me ask: Have you ever visited a Planned Parenthood clinic? Because if you had, you would understand why what you are doing is so wrong.

□ 0930

The fact is that Planned Parenthood plays a critical role in protecting and providing access to critical health services for both women and men. One in five women has relied on a Planned Parenthood health center for care in her lifetime, and Planned Parenthood serves 2.7 million patients each year. One of the most important statistics that my Republican friends like to ignore is that more than 90 percent of what Planned Parenthood does nationally is preventive care, including cervical cancer screenings, breast cancer screenings, and family planning, not abortion services.

Add to this fact that Planned Parenthood clinics are often one of the few affordable healthcare options available for many women. Nearly 80 percent of women using Planned Parenthood clinics have incomes at or below 150 percent of poverty. It is easy to see why a majority of Americans don't think Federal funding should be eliminated. In one recent poll, 63 percent of voters,

including 72 percent of independents, do not agree with my Republican friends that Federal funding for Planned Parenthood should be eliminated.

In fact, we also heard very little about the consequences that defunding Planned Parenthood would have for families across the country. One of the biggest myths perpetrated by Republicans is the idea that our Nation's community health centers, which I love and adore and respect, could suddenly pick up the slack if Planned Parenthood is defunded.

For the millions of low-income women who depend on Planned Parenthood clinics, defunding them would mean the loss of affordable and accessible contraceptive services and counseling, as well as breast and cervical cancer screenings. Simply put, for the many communities served by Planned Parenthood clinics, recklessly cutting funding would wipe out access to vital health services for the people who need them the most.

Let me make something very clear. Zero Federal dollars go towards the abortion services provided by Planned Parenthood—zero. The vast majority of funding that Planned Parenthood receives comes in the form of Medicaid reimbursements for preventive care that they provide.

Mr. Speaker, it is a cruel thing to do, to take away people's health care. I will say to my Republican colleagues that they need to know that we are going to fight you every step of the way on this. There are some battles on behalf of the American people that are worth having and worth fighting, and this is one of them—making sure that their health care protections remain intact. I came to Congress to help people, not make their lives more miserable.

Finally, Mr. Speaker, let me comment briefly on the other piece of legislation in this rule, S. 84. General James Mattis has been praised by both Democrats and Republicans, but there is very real concern about civilian control over the military, the language of the underlying legislation, and the duties and responsibilities of the House of Representatives.

General Mattis has a distinguished career, but we are talking about changing the law here. Approving a waiver for him to serve in the Cabinet so soon after his military service is a serious decision. It is so serious that such a waiver has happened only once before in the entire history of the United States. Now, we should debate this. Instead, the Trump transition team canceled General Mattis' testimony before the House Armed Services Committee and now expects us to vote for him willy-nilly without us being able to ask him any questions.

Congress is supposed to be a check on the executive branch, but if the House is denied the opportunity to meet with and question the military officer who is nominated as our next Defense Sec-

retary, how can we fulfill our duty and blindly just vote for him?

I would also say to my Republican friends, this is an early warning sign of the disregard that this new administration has for the House of Representatives. General Mattis was willing to testify, but the Trump team said no. They said no to the House of Representatives. Caving in on this issue will only mean continued disregard for the people's House in the future, and I think that that is regrettable.

I reserve the balance of my time.

Mr. WOODALL. Mr. Speaker, it is my great pleasure to yield 4 minutes to the gentleman from Oklahoma (Mr. COLE), who probably knows more about the Health and Human Services Appropriations bill than anyone else in this Congress, the cardinal from that committee in the 114th Congress.

Mr. COLE. Mr. Speaker, I thank the gentleman for his kind words and for yielding.

Mr. Speaker, I rise in support of the rule and the underlying legislation. As has been made clear, we are actually talking about two different pieces of legislation here today.

The waiver for Secretary-designee James Mattis is, quite frankly, a no-brainer. The Senate voted 81-17 in favor of that waiver. I would suspect there will be similar bipartisan support here.

My friend is correct, of course; this is a serious matter whenever we grant exceptions to the law. But General Mattis is just uniformly and universally respected across the lines for his distinguished work in defense of this country, so I hope we move ahead on that.

The budget resolution that comes before us is another matter, and there will be a great deal of contention. Frankly, the resolution itself is not, as my good friend from California pointed out, and should not be seen as, a traditional budgetary item. It is, frankly, a projection of what will happen if we do absolutely nothing over the next decade and leave the current set of policies in place.

It is a sobering document to read in that regard because it shows rising deficits every single year for a decade, beginning at over \$580 billion and then moving well north of \$1 trillion. Frankly, in my view, it is something that we ought to look at and come to the realization that we are going to need to do entitlement reform in the next decade, something that people on both sides of the aisle seem to want to ignore. Absent that, we will, indeed, have extraordinary budget deficits, and they will be large enough to undercut and undermine our economy.

The budget resolution is also a vehicle, a tool, to begin to repeal the Affordable Care Act. This is necessary for, really, one simple reason. The Affordable Care Act, or ObamaCare as it is popularly known, is a failing system. It is unpopular. It has never been popular, never hit 50 percent of popularity.

Frankly, in my view, it has cost our friends their majority in the House, then cost them their majority in the Senate, and may well have cost them the Presidency of the United States. The American people have spoken pretty emphatically: We don't like this product. And it is collapsing financially right now. This is not a system that is an operation that is really doing well.

Let me just talk about my own State. We have about 197,000 people that have gotten insurance under ObamaCare. This year, they will have exactly one choice as to what company they want to choose to provide them, and their rates will go up by 69 percent. Now, nationally, I think the average is over 25 percent.

Clearly, this is not a system that is working very well. Politically, the easy thing to do would be what our friends want us to do—let's just leave it alone. It will fall under its own weight, and it will be very clear who is responsible for that collapse: the current administration and my friends on the other side. But that also would be the irresponsible thing to do, and that would be, in itself, an abdication of leadership and, ultimately, unfair to the American people.

Instead, we are going to repeal the system and begin to replace it with something that will work better. Now, my friend's point is a fair one. There is not a single plan out there, but there are plenty of plans. I know I cosponsor a couple myself. I think we will be able to work through this relatively easily.

There has been a lot of discussion and a lot of diagnosis about what the failures of ObamaCare are, but there has been very little in the way of actual legislative remedy. We have a unique opportunity to do that. Frankly, I am proud of our Speaker, and I am proud of our conference that they are going to seize that and begin this process because I don't think there is anything more important facing us.

So I would urge the passage of the rule and then the passage, obviously, of the underlying legislation, particularly the budget resolution that allows us to begin the necessary work in repealing and replacing ObamaCare, and, obviously, the waiver that would allow us to have a distinguished Secretary of Defense, General Mattis.

Mr. MCGOVERN. Mr. Speaker, I want to point out a couple of things.

First of all, according to the Brookings Institution, without the ACA, insurance premiums would be 44 percent higher.

And the other fact I point out for my colleagues is that healthcare costs are growing at the slowest rate in the last 50 years. Families are spending over \$3,500 a year less than they would have because of the ACA. I would say to my colleagues, yeah, we want to do better, but let's work to address some of the shortcomings of the ACA rather than repeal it and put in danger all these healthcare protections that people have.

I yield 1½ minutes to the gentleman from New Jersey (Mrs. WATSON COLEMAN).

Mrs. WATSON COLEMAN. Mr. Speaker, we are in week 2 of this 115th Congress, and, as promised, my colleagues and I are here to stand up for this good Nation. Unfortunately, House Republicans cannot say the same.

Last night, they decided that nursing home coverage for millions of seniors, comprehensive health care for young children, and the benefits earned after a lifetime of hard work are not worth fighting for. That is exactly why the gentleman from Wisconsin offered an amendment to ensure that the budget resolution being considered today could not be used to cut benefits from three critically important programs: Medicaid, Medicare, and Social Security.

In fact, the President-elect promised many times that he would neither cut Social Security benefits for seniors nor would he support cuts to Medicaid and Medicare. But the rule under consideration this morning fails to allow a debate or vote on this amendment, which places the earned benefits and the financial future of American people at risk.

Who are my Republican colleagues looking out for? Certainly not their constituents.

It is clear that we are faced with a Republican-controlled Congress that is ensuring the divided and self-serving rhetoric that echoed throughout this campaign season rings true. This is not democracy. This is not outlined in our Constitution. This is not the democracy we are sworn to protect.

With that, I urge my colleagues to reject this rule.

Mr. WOODALL. Mr. Speaker, I yield myself 30 seconds to thank my colleague for her admonition to reject divisive and self-serving rhetoric because I think that is absolutely something we should take to heart.

Mr. Speaker, I yield 4 minutes to the gentleman from Washington (Mr. NEWHOUSE), a member of the Rules Committee and a new member of the Appropriations Committee.

Mr. NEWHOUSE. Mr. Speaker, I thank my good friend from Georgia for yielding me this time to speak on these important issues.

Mr. Speaker, the opportunity to speak on this important rule that provides consideration for the fiscal year 2017 budget resolution and S. 84, which provides a legal exception for General Mattis to serve as Secretary of Defense, certainly are important issues. As a member of the House Rules Committee, I am very proud to support this rule as well as both of the underlying measures.

S. 84 provides a one-time exemption on behalf of an individual who is uniquely qualified to serve during a very challenging period in our Nation's history and a time when U.S. national security and military readiness is of paramount importance for both Americans and our allies around the world.

This legislation does not permanently change the law nor does it diminish the founding principle of civilian control of our military. In fact, this rule allows for consideration of legislation providing for a one-time exemption that does exactly the opposite. It reinforces the doctrine of civilian control of our military. By setting into motion this unique procedure, the people's elected representatives are taking the seriousness of this circumstance to heart, to debate and carefully weigh granting a historic exception, only provided on one other occasion in our history.

The man at the center of this matter demonstrates the extraordinary nature of the situation we currently face. General James N. Mattis has served our Nation with unparalleled distinction over the past 40-plus years. Born in Pullman, Washington, General Mattis grew up in my congressional district, the Fourth District of the State of Washington. He attended what was then Columbia High School, now Richland High, and graduated from Central Washington University.

It was growing up along the banks of the Columbia River in Richland where General Mattis' parents instilled in him a deep passion for reading, which then developed into a renowned lifelong devotion to intellectualism, military and world history, and the study of war.

General Mattis has been in command at increasing levels throughout his career within the United States Marine Corps, where he began as a student enrolled in ROTC, rose to the rank of general, and served as commander of the United States Central Command responsible for American military operations in the Middle East, Northeast Africa, and Central Asia. Few individuals command the respect and admiration General Mattis has earned amongst the troops, national security experts, and military and civic leaders.

This rule allows for the consideration of legislation to provide the United States Senate its proper role of advice and consent regarding the nomination of General Mattis to serve as our next Secretary of Defense.

□ 0945

I urge my colleagues to support this rule so the Senate can rightfully provide its constitutional guidance, which I am confident will overwhelmingly support this distinguished leader and public servant from the great State of Washington.

Mr. MCGOVERN. Mr. Speaker, I yield myself such time as I may consume.

I urge my colleagues to vote "no" on the previous question. If we defeat the previous question, I will offer an amendment to the rule to allow for the consideration of Representative POCAN's amendment, of which I am a proud cosponsor, to create a point of order against any legislation that would cut benefits under Social Security, Medicare, or Medicaid or that

would attempt to privatize Social Security. All are things that my Republican friends have advocated for in previous budgets.

Mr. Speaker, I ask unanimous consent to include in the RECORD the text of the amendment, along with extraneous material, immediately prior to the vote on the previous question.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Massachusetts?

There was no objection.

Mr. MCGOVERN. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Wisconsin (Mr. POCAN).

Mr. POCAN. I thank the gentleman from Massachusetts for yielding.

Mr. Speaker, I urge my colleagues to vote "no" and defeat the previous question so that we can bring up my amendment, which would block the House GOP majority from cutting Medicare, Medicaid, and Social Security.

President-elect Donald Trump has promised many times throughout his campaign that he would not cut Social Security benefits for seniors nor would he support cuts to Medicare or Medicaid benefits. In fact, at least 15 times he said he would not make cuts to Medicare or Social Security. He even tweeted it; so we know he really, really meant it.

If it is important to the Democrats and if it is important to the President-elect and if it is important to the American people, let's make sure it is absolutely certain that no one has to worry about a cut in one's Social Security and Medicare benefits—not a single cut to anyone. If we could do that, that would be the single biggest success of the 115th Congress.

If you support the idea that you will not cut Social Security and Medicare and that you will protect the promise to our constituents, then support this amendment. But if you are not sure yet or if you might be willing to cut Social Security and Medicare or if you are actually considering cutting these programs, then you should oppose this amendment.

Again, our amendment would block any legislation before the House or Senate which cuts guaranteed, earned benefits under Social Security, Medicare, or Medicaid programs; which increases the retirement age for these benefits or which privatizes Social Security. Nationally, over 64 million people receive benefits from Social Security.

I want to read a couple of comments from constituents from the State of Wisconsin, the home State of Speaker PAUL RYAN and mine.

Robyn from Mount Horeb, Wisconsin, said: "Please do everything in your power to oppose Speaker RYAN's legislation to privatize Social Security and Medicare. These are our earned benefits for a lifetime of working as dairy farmers."

Carol from Madison said: "I am a retired Navy veteran and a cancer survivor. My grandfather, a World War II

and Korean war vet, is living in a home on Medicaid and Medicare. What is going to happen to him if . . . Republicans are successful in drastically altering these programs?"

Democrats believe we need to protect our senior citizens and the most vulnerable in our society. Democrats believe we need to strengthen the middle class through the preservation of Social Security and Medicare, and so do the American people.

Do Republicans share our belief? Let's make it crystal clear. Do you want to protect Social Security and Medicare, or do you want to cut these earned benefits? You can decide that with this vote.

I urge my colleagues to vote "no" and defeat the previous question so we can bring up the CPC—the Pocan-Ellison-Grijalva-Lee-Schakowsky amendment—and find out who truly supports Medicare and Social Security in this House.

Mr. WOODALL. Mr. Speaker, I yield myself such time as I may consume.

Reluctantly I recognize that we are, apparently, not going to have an end to divisive, self-serving rhetoric. I am still optimistic, as it is a long year ahead of us.

What the gentleman from Wisconsin (Mr. POCAN) is suggesting, Mr. Speaker, is that we ensure the failure of Social Security going forward. The only guaranteed benefit in Social Security is that it is guaranteed to fail. Those are not my words. These are the words of the actuaries who are in charge of protecting Social Security. The non-partisan actuaries who govern Social Security say that there is not enough money today to pay the benefits that folks are expecting. The law of the land, as it exists today, requires that, when that day comes, benefits will get cut dramatically. Only a 75 percent realization of benefits is what the law requires that befalls our senior citizens. If we pass the amendment that is suggested by my friend, we would be prohibited from considering any solutions to that problem. Means testing, which my colleagues have advocated for years, is off the table under that scenario.

Mr. Speaker, to suggest that anyone on this side of the aisle wants to undermine the commitment that this country has made to our seniors is ludicrous; but to suggest that I go to a 22-year-old, whose polling today suggests he or she believes they are more likely to see a UFO in their lifetime than a Social Security check in their lifetime—to suggest that going to that 22-year-old and my thinking that maybe his retirement age would be a year or two higher than his great-grandparents' since he is now living decades longer—I will remind my colleagues we came together in a bipartisan way to raise the retirement age from 65 to 67 in 1983, not because one of us hated seniors and one of us loved seniors, but because we all believed in our commitment to seniors.

Mr. Speaker, don't let the RECORD reflect anything other than that this budget resolution provides the framework to begin this discussion, to begin the discussion of what comes next. There is not a single line of authorizing language in this budget resolution. Any suggestion that the law will change tomorrow because of this budget resolution is false. The law will be the same tomorrow as it was yesterday. The difference is we have begun a path—we will have created a framework; we will have provided the tools—to have a discussion about how to solve very real problems in this country.

Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield myself such time as I may consume.

Let me respond to my colleague, the gentleman from Georgia, by saying that I don't know what he is talking about. The Pocan amendment is pretty clear. It says that there will be a point of order against any legislation that would cut the benefits under Social Security, Medicare, or Medicaid or would attempt to privatize Social Security.

Now, I know my Republican friends want to privatize Social Security, because they tried that in the past; and I know they want to privatize Medicare and turn it into a voucher system, because that is what their budgets continually do. I mean, that is what we are trying to prevent.

If you want to privatize Social Security, if you want to privatize Medicare and turn it into a voucher system, then stand with them. But if you want to protect these programs—and the vast majority of Americans—Democrats, Republicans, and Independents want to protect the integrity of Social Security, Medicare, and Medicaid—then oppose this budget.

By the way, this budget, basically, is the green light to go ahead and destroy the protections that people value in this country.

Mr. Speaker, I yield 2 minutes to the gentlewoman from New York (Ms. SLAUGHTER), the distinguished ranking member of the Rules Committee.

Ms. SLAUGHTER. I thank my colleague for yielding me the time.

Mr. Speaker, it is unconscionable to me that the majority is prioritizing a repeal of the Affordable Care Act as its top priority for the 115th Congress as the Nation's infrastructure crumbles and as the cost of education continues to skyrocket. It is particularly outrageous that this budget puts the wheels in motion, as my colleague has said, for a repeal of the healthcare law without there being anything to take its place.

This budget would also increase our Nation's debt by \$9.5 trillion over the next 10 years. Apparently the party that has tried to claim the mantle of balanced budgets for years doesn't really care about fiscal responsibility.

It is the first step toward defunding Planned Parenthood, which serves 2.5 million patients—men and women—

across the country every year and provides preventative care, like birth control and cancer screenings. It seems to me, for the majority of my adult life, I have been trying to defend Planned Parenthood. The excuse given that the community health centers can pick up the slack is so enormously wrong that the community health centers are scared to death that they are going to be asked to try to pick up that slack of 2.5 million patients. That is absolutely a cover for something that doesn't make any sense at all.

I was shocked to read a study over the summer that found that the rate of pregnancy-related deaths in the State of Texas, since they did away with Planned Parenthood, seems to have doubled since 2010, making Texas one of the most dangerous places in the world to have a baby.

What was happening in Texas during this time?

The State legislature was not only making cuts to family planning clinics where many low-income women received the only medical care they got, but the State was absolutely refusing to expand its Medicaid program, which would have given lower income women desperately needed access to prenatal services.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. MCGOVERN. I yield the gentlewoman an additional 1 minute.

Ms. SLAUGHTER. The point being—and one of the things we talked about last night at Rules—is that, of the many States in which the premiums, they thought, had gone reasonably high, these were also the States that did not expand Medicaid or set up the exchanges, which were intended to cut the costs. While the causes of maternal deaths are complex, certainly leaving women without access to medical care will not do anything to decrease that mortality rate.

Today my Republican friends want to inflict the same harm on pregnant women all over the country by taking away the Medicaid expansion and by taking away money for clinics like Planned Parenthood. I cannot believe that in this day and age and in this century it is even contemplated. I know the American people are paying attention because every day in my office we get between 20 and 30 calls—and have for the last 2 or 3 weeks—begging us not to repeal the ACA.

This agenda has the potential to devastate millions of people from coast to coast. Instead of solving problems, the majority is on the verge of creating new ones for families all across the country.

Mr. WOODALL. Mr. Speaker, I yield myself such time as I may consume.

The gentleman from Massachusetts said in his opening statement that he didn't come to Congress to hurt people; that he came to help people. I want to stipulate that that is 100 percent true. There is no one in this Chamber who I believe has a bigger heart for men and

women than the gentleman from Massachusetts, which is why I know that he does not support what I see happening to my constituency.

He says people are paying less for their health care today. I dispute those numbers writ large, but I know it is true in my district because the free healthcare clinic has doubled since the passage of ObamaCare. Folks once had access to small plans that they chose for their families. Those plans were outlawed. Now they have high deductible plans that are worthless to them, so they seek care at the free clinics. I know that ripping the plans out from under those men and women in my district was not the gentleman's intention when he passed the Affordable Care Act, but it is absolutely the result.

I know that when the gentleman set up those exchanges, which all Americans were supposed to be able to go to to buy their healthcare plans, he did not intend for those plans to get canceled year after year after year after year, because they were unsustainable. We all know, of the constituents in our districts who did what the government told them to do, they lost the plans their employers used to provide; they went to the exchanges to buy a plan; and, 1 year later, those plans were canceled. They went through the process again: they picked out other plans; they went through the exchanges and paid their money; and, 1 year later, those plans were canceled again and again.

We all know those constituents; so to suggest that the only reason someone would come to the floor today would be to solve a nonexistent problem is ridiculous. We all know that there are problems. What is ridiculous are the folks who would come and defend the status quo. The status quo is indefensible, Mr. Speaker.

When we get together, we can do amazing things. There are vast experiences of the Members in this Chamber, Mr. Speaker, and our bringing those to the table leads to better solutions. We have spent 6 years being stuck in the status quo, and this bill represents an opportunity to turn the page on that status quo, and I know every single Member has constituents in his district who will welcome it.

Mr. Speaker, I reserve the balance of my time.

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Mr. MCGOVERN. Mr. Speaker, I yield myself such time as I may consume.

I just want to help the gentleman understand the benefits of the ACA in his home State of Georgia:

There are 468,000 individuals in the State who have gained coverage since the ACA was implemented, and now they could lose it if he gets his way.

478,000 individuals in the State who were able to purchase high-quality marketplace coverage now stand to lose that coverage if the gentleman gets his way.

In 2016, 427,000 individuals in the State have received financial assist-

ance to purchase marketplace coverage; they are at risk of losing that.

65,000 kids have gained coverage since the ACA was implemented in the State of Georgia.

74,000 young adults are able to stay on their parents' health insurance until they are 26 because of the ACA.

That is all in Georgia. So I would hope the gentleman would understand what is happening in his own State before he votes to repeal it.

Mr. Speaker, I yield 1 minute to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Mr. Speaker, last night Speaker RYAN told a national audience on CNN ObamaCare is crumbling. Donald Trump has said over and over again ObamaCare is a disaster. I would like to share just a tiny fraction of the emails my office has received in the last few days to demonstrate that the opposite is true:

Peter, a 63-year-old farmer from Ellington, Connecticut:

ACA has allowed me and my wife access to quality health care. If this law is repealed, either I sell off my land and livestock or go without insurance.

Becky, a 41-year-old small-business owner and single mom from Enfield, before ACA hadn't seen a doctor in 4 years. Now, she and her kids have a plan for \$315 a month.

George, a 53-year-old freelance designer from Niantic: the past 2 years, he and his wife with preexisting conditions have been covered by an affordable plan.

Michelle, a registered nurse with health issues from Killingworth, has the same message.

Sue from Vernon, her husband has cancer.

Barbara from North Stonington, a 59-year-old registered nurse, has a chronic condition.

All are watching this destructive process with outrage. For these people, the only thing that is crumbling is their confidence in Congress to do the right thing and stop this rush to repeal.

As George from Niantic said:

I have never been so worried for my country.

Vote "no" on repeal. Vote "no" on the rule.

Mr. WOODALL. Mr. Speaker, I yield myself such time as I may consume.

I was not in Congress at the time the Affordable Care Act passed, but I remember it, watching from home. We talk about this as if it was some sort of thoughtfully crafted piece of legislation that folks are so tremendously proud of. I happen to have the numbers here, Mr. Speaker.

It was H.R. 4872 that moved through the House, that was the authorizing part. We had three votes in the U.S. House of Representatives on that bill. We had a motion to recommit, as it was not actually a healthcare bill to begin with, and a vote on final passage.

Then it went over to the U.S. Senate where they worked their will on it.

They had 43 votes on it, amendments offered, ideas, and changes.

Then it came back to the House where we changed it not at all. There was one straight partisan vote on the Affordable Care Act. Not one idea from the U.S. House of Representatives added, not one change from the U.S. House of Representatives, not one alteration of any kind.

As you recall, Mr. Speaker, they had a filibuster-proof majority in the United States Senate, so Democrats could work their will any way they wanted. When they lost that filibuster-proof majority—they only had 59 votes out of 100 instead of 60—they ended debate, they ended discussion, they ended collaboration and jammed what they had passed at midnight on Christmas Eve right on through the U.S. House of Representatives. I can't imagine who defends that as the proper outcome of the legislative process. We have a chance to change that, Mr. Speaker.

I am glad that my friend from Connecticut has some constituents that have benefited. I have some constituents that have benefited. But I have constituents who are being failed, and I know my friend from Connecticut does, too.

I am glad that my friends on the other side of the aisle are talking about all of their success stories, but I want my friends to join me and grapple with all of the failures.

I will not deny the way the conversation about health care has changed since the passage of the Affordable Care Act—folks talking about preexisting conditions, folks talking about lifetime caps, folks talking about keeping young kids on their policies until they are 26.

I just don't understand why my colleagues would deny that folks who used to have care, now don't. Folks who used to have affordable plans, now don't. Folks who used to be able to take care of their employees through their small business plans, now can't. This is undisputed, and we have an opportunity to do better. I hope my colleagues will join me in doing that.

I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield myself such time as I may consume.

The gentleman from Georgia (Mr. WOODALL) is entitled to his own opinions but not his own facts. The facts with regard to the process in which the Affordable Care Act was developed, I think, are worth repeating here.

In the House of Representatives, we held nearly 100 hours of hearings and 83 hours of committee markups. The House heard from 181 witnesses, both Democrats and Republicans. 239 amendments were considered in the three committees of jurisdiction, and 121 of them were adopted. The bill was available for 72 hours before Members were asked to vote on the floor.

In the Senate, the Senate Finance Committee held more than 53 hearings. The committee also spent 8 days marking up the legislation, the longest



markup in the 22 years of the committee. The Senate Health Committee held 47 bipartisan hearings, roundtables, and walkthroughs on the healthcare reform bill.

So to say that this was not a thoughtful process is just wrong.

Compare that to the way this budget bill is being brought to the floor. There is no committee consideration, no deliberation. It is just given to us. In fact, most of the committees aren't even organized yet in the House of Representatives.

So there is a contrast there, and I stand with the way we approached the Affordable Care Act as opposed to the way the Republicans have approached this budget deal.

Mr. Speaker, I yield 1 minute to the gentleman from Florida (Mr. SOTO).

Mr. SOTO. Mr. Speaker, here is my 1-minute breakdown on why I oppose repealing ObamaCare without replacement:

First, this law protects all Americans with preexisting conditions; second, it keeps all young adults on their parents' insurance until age 26; third, it protects all Americans from bankruptcy if they get sick by removing lifetime caps.

Before the act, millions of Americans were simply kicked off their insurance when these problems arose. We Democrats support keeping these protections for all Americans, and the Republicans want to repeal them. We support improving the act, and the Republicans want to eliminate it.

While many have stoked fear and spread false information for political gain, it is clear that repeal without replacement equals disaster. It will eliminate these protections for all Americans, create chaos for working families, and send our country into another recession.

It is clear we need to improve the act rather than repeal it. It is time to do the right thing for all Floridians and for all Americans.

Mr. WOODALL. Mr. Speaker, I yield myself such time as I may consume to share with my friend from Massachusetts (Mr. MCGOVERN) that one is not entitled to their own facts, but one is also not entitled to share just half the story and leave it as if it is the entire story.

Everything the gentleman from Massachusetts said was true, until the U.S. House abdicated any responsibility whatsoever and passed exactly what the Senate did with no amendment whatsoever. All of the work product the gentleman talked about, all of the work that the gentleman talked about went for naught in this U.S. House of Representatives.

To deny that this is not the bill that folks wanted to have crafted is to deny reality. To deny that this is not the bill that folks wanted to have crafted is to deny the nine different times the Republican House and Senate sent to the President repeals of ObamaCare, things that were so broken even the

President couldn't live with it and he signed those repeals into law.

Mr. Speaker, I am not trying to denigrate any of the motives of my friends on the other side of the aisle. I just can't understand, for the life of me, why they don't want to try to do better.

That pride of authorship, that arrogance, it has a real impact on the men and women that I serve, and I am asking my friends to partner with me to help me fix it. But if they won't partner with me, I am going to move forward and fix it anyway.

I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield myself such time as I may consume.

We have been willing to work with our Republican friends to try to improve the Affordable Care Act for nearly 7 years. They have been unwilling to work with us in a bipartisan way. Instead, they just want to repeal, repeal, repeal.

Now, I don't know what their motivation is. Maybe it is because they don't like President Obama. Judging from some of the rhetoric that we have heard on this House floor over these years, I think some of the Members over there actually hate the President of the United States, and this is all driven by this personal animosity.

Let me just say to the gentleman that the Affordable Care Act may have started out with a different bill number, but the facts remain that there were hundreds of hours of hearings on the Affordable Care Act, 181 witnesses testified; hundreds of amendments were considered in committee.

The process of using a different bill number is very common in both Chambers. In fact, the House Republicans have done it several times in the past 3 years. Regardless of the bill number, the work that went into forming this legislation was one of the most open processes in the history of the Congress, and it has resulted in providing protections and health care for millions and millions of people in this country. All of that is at risk with this budget resolution.

Mr. Speaker, I yield 1 minute to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. Mr. Speaker, I agree with the gentleman from Massachusetts (Mr. MCGOVERN). I was in the middle of hundreds of hours of discussion and debate in committee, on the floor. It is amazing to think of all the time and energy that went into it.

Was it a perfect bill? Absolutely not. It would have been much better if the legislative process hadn't collapsed in the Senate and forced reconciliation as the vehicle.

The offer to somehow become bipartisan and work together to solve the problems ring hollow. I have been on the Ways and Means Committee for the last 6 years when Republicans were in charge with constant efforts to repeal ObamaCare, but they refused to work with us to fine-tune the legislation

when we could move forward and build on this foundation and not be in a situation where we are going to unsettle healthcare markets, leave people doubting about where they are, and having no clue about what comes forward.

There is a reason, after 6 years, the Republicans do not have an alternative to offer now. It is because their wildly contradictory promises cannot be met.

I urge rejection of the rule and rejection of this effort to gut the most important healthcare reform in the last 50 years.

Mr. WOODALL. Mr. Speaker, I yield 3 minutes to the gentleman from Illinois (Mr. SHIMKUS).

Mr. SHIMKUS. Mr. Speaker, I am on the Energy and Commerce Committee the healthcare bill came through. We can debate how many hearings, how many questions, and all of that. The public has rendered judgment on this healthcare law.

In 2010, Republicans took back control of the House over two issues: ObamaCare and cap-and-trade. And then our base was saying to repeal ObamaCare, all the way back to 2010.

In 2014, the Republicans took over the Senate. Our base is saying: You have got the House. You have got the Senate. Repeal ObamaCare. It is harmful. It is destructive—and I will tell you why in a minute.

So why should anybody not expect us, in 2016, when the public has rendered judgment again in a national election that we have to repeal ObamaCare?

So when I talk to my constituents and people talk to me, this is going to happen, and we know there is going to be a replacement.

There are two different ideologies of how to provide care. We believe in markets; you believe in centralized control. We believe in people choosing the best plan for them in the private markets; and those who need help and assistance to get in those markets, we are going to help them get in those markets. But to have our Federal Government say that you only have one of four choices—my constituents pay for health care that they can't use because they can't pay the deductibles, so they are forced to buy something that they can't use.

So this is timely. I am glad we are moving expeditiously, and we look forward to the year ahead.

Mr. MCGOVERN. Mr. Speaker, we believe healthcare protections ought to be enshrined in the law and not left up to insurance companies.

I yield 1 minute to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, I rise in strong opposition to the rule. It sets into motion the repeal of the Affordable Care Act.

This repeal-only bill takes money intended to fund health care for middle class families and it hands it to the wealthy families and to big health corporations in the form of tax cuts. The public does not know this.

According to the Center on Budget and Policy Priorities, this bill would give the 400 highest income families in the United States an average tax cut of \$7 million a year. It would rob millions of families of the money they need for their insurance. It hands it over to the wealthy, including nearly \$250 billion over 10 years in tax cuts for health insurance companies and drug manufacturers.

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Where are the majority's values? We should be providing more Americans with health insurance, not fewer; and we should be creating jobs, not eliminating them. This bill is a disgrace. It is a betrayal of the working families of this Nation.

Mr. WOODALL. Mr. Speaker, I yield myself 30 seconds just to say absolutely none of that is true. Absolutely not one word of that is true. This bill does not one of those things. This bill does, in fact, nothing to change the law at all in any way, shape, or form. It is not true. This bill provides a process for debating the law, and I certainly hope we will pass it so we can have that debate.

Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. KHANNA).

Mr. KHANNA. Mr. Speaker, I rise in strong opposition to this bill which will set forth the repeal of ObamaCare. But I also am concerned that the bill doesn't have a basic amendment which would allow for the importation of drugs from Canada.

Senator SANDERS courageously, on Wednesday night, went on the floor and introduced an amendment to allow for the importation of drugs from Canada that the overwhelming number of Republicans and Democrats support. It was appalling that 13 Senate Democrats voted against the Sanders amendment, and they did so because the pharmaceutical industry is a cancer on this body; the pharmaceutical companies' contributions are a cancer.

We need to allow for the importation of drugs, we need that to be an amendment to this bill, and we need to take it up as a body.

Mr. WOODALL. Mr. Speaker, I advise my friend from Massachusetts I do not have any further speakers and would be happy to close when he is prepared.

Mr. MCGOVERN. Mr. Speaker, I yield 30 seconds to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. A report by Families U.S.A. said that repeal of the Affordable Care Act equals a huge tax cut for the wealthy.

What people don't know, and the public doesn't know at the moment, is that this will hand over to wealthy and major corporations new tax breaks worth nearly \$600 million—more than a half-trillion dollars over 10 years, \$345.8 billion over 10 years in tax cuts for people whose incomes are over a specified

threshold; \$200,000 for single individuals; and \$250,000 for families. There are \$274.4 billion over 10 years going to health insurance companies, drug manufacturers, and other large healthcare corporations.

That is what repeal of the Affordable Care Act does. My colleagues need to face up to that, and the public needs to know it.

Mr. MCGOVERN. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I include in the RECORD a letter from the American Medical Association, a letter from 120 interfaith groups, a letter from the Consumers Union, a letter from the Massachusetts Health & Hospital Association, a letter from a number of labor organizations in my home State of Massachusetts, and a letter from UMassMemorial Community Healthlink, which is a provider of comprehensive health care in my district. They are all opposed to undoing the Affordable Care Act.

AMERICAN MEDICAL ASSOCIATION,

Chicago, IL, January 3, 2017.

Hon. MITCH MCCONNELL,  
Majority Leader, U.S. Senate,  
Washington, DC.

Hon. CHARLES E. SCHUMER,  
Democratic Leader, U.S. Senate,  
Washington, DC.

Hon. PAUL RYAN,  
Speaker, House of Representatives,  
Washington, DC.

Hon. NANCY PELOSI,  
Democratic Leader, House of Representatives,  
Washington, DC.

DEAR MAJORITY LEADER MCCONNELL, LEADER SCHUMER, SPEAKER RYAN AND LEADER PELOSI: On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing regarding our ongoing commitment to reform of the health care system and potential legislative actions during the first months of the 115th Congress.

The AMA has long advocated for health insurance coverage for all Americans, as well as pluralism, freedom of choice, freedom of practice, and universal access for patients. These policy positions are guided by the actions of the AMA House of Delegates, composed of representatives of more than 190 state and national specialty medical associations, and they form the basis for AMA consideration of reforms to our health care system. (A summary of key AMA objectives for health system reform is attached.)

Health system reform is an ongoing quest for improvement. The AMA supported passage of the Affordable Care Act (ACA) because it was a significant improvement on the status quo at that time. We continue to embrace the primary goal of that law—to make high quality, affordable health care coverage accessible to all Americans. We also recognize that the ACA is imperfect and there a number of issues that need to be addressed. As such, we welcome proposals, consistent with the policies of our House of Delegates, to make coverage more affordable, provide greater choice, and increase the number of those insured.

In considering opportunities to make coverage more affordable and accessible to all Americans, it is essential that gains in the number of Americans with health insurance coverage be maintained.

Consistent with this core principle, we believe that before any action is taken through reconciliation or other means that would potentially alter coverage, policymakers

should lay out for the American people, in reasonable detail, what will replace current policies. Patients and other stakeholders should be able to clearly compare current policy to new proposals so they can make informed decisions about whether it represents a step forward in the ongoing process of health reform.

We stand ready to work with you to continue the process of improving our health care system and ensuring that all Americans have access to high quality, affordable health care coverage.

Sincerely,

JAMES L. MADARA, MD,  
Executive Vice President, CEO.

JANUARY 12, 2017.

DEAR PRESIDENT-ELECT TRUMP AND MEMBERS OF THE U.S. CONGRESS: We the undersigned members of the investment and public health communities want to re-affirm our deep commitment to a more accessible and affordable health care system by voicing our support for the continued expansion of coverage under the Affordable Care Act (ACA).

In order for our economy to thrive and Americans to prosper, our health care system must be both equitable and efficient. As a result of ACA's implementation, quality and affordable health insurance has been guaranteed to more than 20 million previously uninsured Americans. While the ACA has dramatically expanded coverage, we support reforms within the framework of the Act to further contain rising health care costs.

We agree that thoughtful improvements to the ACA are needed, but we are deeply concerned by threats to repeal and/or replace the ACA before these improvements are implemented. Repeal of the ACA would destroy the tremendous strides we have made as a nation in expanding coverage, would have a destabilizing effect on jobs, businesses and our economy, and would further jeopardize the health and financial security of millions of Americans.

We call on you, our elected leaders to:

- 1) Preserve the Affordable Care Act.
- 2) Work collaboratively with all key stakeholders to improve the ACA and better rein in health care costs.
- 3) Make the fiscal and political commitment necessary to expand quality health care coverage to all Americans.

We pledge to do our part to support the ACA and expanded health care coverage through our own operations and beyond, and request that as legislators and leaders of our nation entrusted with the health of all Americans, you will do the same.

Sincerely,

Interfaith Center on Corporate Responsibility; Adrian Dominican Sisters; Amalgamated Bank; American Baptist Home Mission Society; Arc Advisers, LLC; Augustinian Province of St. Thomas of Villanova; Benedictine Sisters; Benedictine Sisters of Baltimore; Benedictine Sisters of Florida; Benedictine Sisters of Holy Name; Benedictine Sisters of Mount St. Scholastica; Benedictine Sisters of the Sacred Heart; Benedictine Women of Madison, Inc.; Benet Hill Monastery; Bon Secours Health System, Inc.; Boston Common Asset Management; BVM Shareholder Education & Advocacy Group; CHRISTUS Healthcare; Clean Yield Asset Management.

Congregation of Divine Providence Inc.; Congregation of Holy Cross, Moreau Province; Congregation of Sisters of St. Agnes; Congregation of St. Basil; Congregation of the Sisters of Charity of the Incarnate Word; Congregation of the Sisters of Divine Providence; Corporate Responsibility Office of the Sisters of Charity of Nazareth; Daughters of Wisdom; Dignity Health; Diocese of Springfield, IL; Dominican Sisters, Sparkill; Dominican Sisters, Grand Rapids; Dominican



Sisters of Hope; Dominican Sisters of Houston; Dominican Sisters of Peace; Dominican Sisters of San Rafael; Dominican Sisters of Springfield, IL; Dooley Center; Earth Equity Advisors.

Evergence and the Praxis Mutual Funds; Felician Franciscan Sisters; Felician Sisters—Buffalo Region; Franciscan Action Network; Franciscan Sisters of Perpetual Adoration; FundX Investment Group; Glenmary Home Missioners; Green America; Health Care Without Harm; Holy Name Monastery; Horizons Sustainable Financial Services, Inc.; Incarnate Word Associates; Incarnate Word Convent; Incarnate Word Sisters; IWBS Associate; Jantz Management LLC; Leadership Council of the Sisters, Servants of the Immaculate Heart of Mary—Monroe, MI; Marist Fathers.

Maryknoll Sisters; Mennonite Education Agency; Midwest Coalition for Responsible Investment; Miller/Howard Investments, Inc.; Missionary Oblates of Mary Immaculate; Missionary Oblates of Mary Immaculate, JPIC Office; MomsRising; Mount St. Scholastica Monastery; Newground Social Investment; NorthStar Asset Management, Inc.; Northwest Coalition for Responsible Investment; Peace/Justice Committee, Benedictine Sisters of FL; Progressive Asset Management; Region VI Coalition for Responsible Investment; Religious of the Sacred Heart of Mary WAP; S&C North America; SC Ministry Foundation; School Sisters of Notre Dame Cooperative Investment Fund; School Sisters of St. Francis.

Sinsinawa Dominican Peace and Justice Office; Sinsinawa Dominican Shareholder Action Committee; Sisters of Bon Secours USA; Sisters of Charity BVM; Sisters of Charity Cincinnati; Sisters of Charity of New York; Sisters of Charity of the Incarnate Word; Sisters of Charity, Halifax; Sisters of Incarnate Word and Blessed Sacrament; Sisters of O.L. of Christian Doctrine; Sisters of St. Dominic of Blauvelt, NY; Sisters of St. Dominic of Caldwell, NJ; Sisters of St. Dominic, Racine, WI; Sisters of St. Francis of Philadelphia; Sisters of St. Joseph; Sisters of St. Joseph of Boston; Sisters of St. Joseph of Chestnut Hill, Philadelphia, PA; Sisters of St. Joseph of Orange; Sisters of St. Joseph of Springfield; Sisters of the Good Shepherd.

Sisters of the Holy Cross; Sisters of the Humility of Mary; Sisters of the Incarnate Word; Sisters of the Incarnate Word & Blessed Sacrament; Sisters of the Presentation; Sisters of the Presentation of the BVM; Socially Responsible Investment Coalition; Society of Mary (Marianists); SRI Investing LLC; St. Jude League; Stardust; The Pension Boards—United Church of Christ, Inc.; Trillium Asset Management; Trinity Health; Tri-State Coalition for Responsible Investment; Unitarian Universalist Association; United Church Funds; United Methodist Women; University Presbyterian Church; Ursuline Sisters of Tildonk, U.S. Province; Ursulines of the Roman Union—Eastern Province; Veris Wealth Partners; Walden Asset Management; Zevin Asset Management, LLC.

CONSUMERS UNION,  
January 11, 2017.

House of Representatives,  
Washington, DC.

DEAR REPRESENTATIVE MCGOVERN: On behalf of Consumers Union, the public policy and mobilization arm of nonprofit Consumer Reports, I write to express our deep concern that the budget resolution for fiscal year 2017 will begin a process that could lead to the repeal of several key parts of the Affordable Care Act (ACA), and could result in tens of millions of Americans losing vital health coverage and the destabilization of insurance markets. As an organization whose founding

principles include ensuring access to quality, affordable health coverage and care for all, Consumers Union is concerned that this would jeopardize both the health and financial stability of American families.

Consumers Union has a long history of working for a fairer and more just marketplace for consumers. We believe all Americans deserve care and coverage that is accessible, affordable, understandable, fairly priced, and meets high, uniform standards for quality and safety. The Affordable Care Act was an important step towards this goal, allowing more than 20 million consumers to purchase private insurance through exchanges or benefit from the Medicaid expansion, thus lowering the uninsurance rate in our nation to its lowest point ever.

The ACA also includes a number of critical consumer protections that benefit all consumers, regardless of the source of their coverage. The law prevents insurers from discriminating against consumers with pre-existing conditions or charging them more for coverage, prohibits insurers from imposing annual or lifetime limits on coverage, and ensures coverage of a comprehensive package of essential health care services. It also takes steps to measure and improve the safety and quality of care received by all. Consumers Union opposes legislative changes that would eliminate or weaken these critical consumer protections.

A move to repeal the ACA without a simultaneous replacement that, at minimum, maintains coverage for the number of people currently covered and provides comparable consumer protections would be irresponsible and affect every American family. It could destabilize the individual market for those who buy insurance for themselves, resulting in fewer choices for consumers and sending premiums skyrocketing while benefits shrink. Consumers do not want to go back to a time in which health insurers ran unchecked and insurance coverage was out-of-reach and unreliable for so many Americans.

Consumers Union strongly urges you to oppose the repealing of the Affordable Care Act.

Sincerely,

LAURA MACCLEERY,  
Vice President, Consumer Policy and  
Mobilization, Consumer Reports.

MASSACHUSETTS HEALTH &  
HOSPITAL ASSOCIATION,  
January 12, 2017.

Hon. ELIZABETH WARREN,  
U.S. Senate, Washington, DC.

Hon. E. RICHARD NEAL,  
House of Representatives, Washington, DC.

Hon. NIKI TSONGAS,  
House of Representatives, Washington, DC.

Hon. KATHERINE M. CLARK,  
House of Representatives, Washington, DC.

Hon. MICHAEL E. CAPUANO,  
House of Representatives, Washington, DC.

Hon. WILLIAM KEATING,  
House of Representatives, Washington, DC.

Hon. EDWARD J. MARKEY,  
Senate, Washington, DC.

Hon. JIM MCGOVERN,  
House of Representatives, Washington, DC.

Hon. JOSEPH P. KENNEDY, III,  
House of Representatives, Washington, DC.

Hon. SETH W. MOULTON,  
House of Representatives, Washington, DC.

Hon. STEPHEN F. LYNCH,  
House of Representatives, Washington, DC.

DEAR MEMBERS OF THE MASSACHUSETTS CONGRESSIONAL DELEGATION: On behalf of our member hospitals and health systems, the Massachusetts Health and Hospital Association (MHA) opposes the repeal of the Affordable Care Act (ACA). MHA is a founding member of the new Massachusetts Coalition for Coverage and Care that was formed to

preserve and improve access to health insurance coverage in Massachusetts and to protect the gains in access to care, health, and health equity that have resulted from near universal coverage. We stand ready both as an individual organization and as a coalition member to provide you the information and resources you will need to oppose efforts to repeal the ACA.

As you know, Massachusetts has been a pioneer in expanding health coverage over the years, including our state's historic 2006 health reform law that served as a model for the ACA. We believe our state serves as an example of how the ACA's approach to expanding access to affordable health coverage can be successful nationally if given the time and support it deserves. With 10 years now passed since then-Governor Mitt Romney signed our initial health reform initiative into law, we can proudly say that the commonwealth is better off than where we stood in 2005. We know we share this sentiment with other Massachusetts healthcare providers, insurers, the employer community, government leaders, and, most importantly, Massachusetts consumers and families. With time, support, and improvements to the ACA, we know the country will value and appreciate the full benefits of ensuring access to affordable health coverage to all citizens as well as creating an environment for our health system to better manage its resources and deliver high-quality care.

While we were successful in achieving expanded coverage prior to the ACA, it took time and the collective effort of all stakeholders to achieve the reductions in uninsured. Expanding Medicaid was essential to providing coverage to the poorest individuals in our society. First through waivers and then through the ACA, the federal government has played an instrumental role in supporting coverage to economically challenged Massachusetts residents. Approximately 300,000 individuals now are covered due to the ACA's Medicaid expansion, many of whom would otherwise be unable to afford health insurance in the commercial market even with government subsidies.

Since 2006, our state's health insurance exchange has consistently served as a dynamic marketplace for those purchasing insurance in the small group and non-group market. In Massachusetts, we have modified our exchange to conform to the ACA and it remains as robust as it did 10 years ago. The state's Health Connector has experienced broad participation from many health insurers, with 10 insurers currently offering 62 insurance products. Lower and middle income individuals have relied on the exchange for the past decade to shop for affordable health coverage, benefitting from subsidy support, which now comes in the form of federal tax credits and co-payment subsidies. More than 234,000 individuals purchased their insurance coverage through the state's exchange in December, including more than 190,000 with the support of federal advanced premium tax credits. Another 1,300 small groups covering more than 6,000 lives also purchased insurance in the exchange.

The effect of these expansions in reducing the number of uninsured has been well documented. According to the United States Census Bureau, Massachusetts had 97.2% of its population covered with health insurance in 2015 compared to 89.3% for the three-year average between 2002 and 2005. This coverage expansion had its greatest effect on people with great healthcare needs, working adults with disabilities, younger adults, people with low incomes, and women—all who gained coverage at a faster rate than the general population. And while there are many statistics that highlight the achievements made in expanding coverage, there has been a tremendous positive effect on individual lives

as result of better access to care. Researchers have found improvements in physical health, mental health, functional limitations, joint disorders, and body mass index for those in Massachusetts, especially for those with low incomes, minorities, near-elderly adults, and women. Individuals here and around the country also no longer fear not being able to access health coverage due to pre-existing conditions or having inadequate health coverage during their times of medical need.

The cost of providing care to the uninsured also has been significantly reduced due to reform. In Massachusetts, our state's Uncompensated Care Pool covered hospital care for low-income uninsured and underinsured residents for decades. In FY2005 hospital uncompensated care costs totaled \$702 million, or \$992 million adjusting for inflation. This financial burden to hospitals, insurers, and government was yet another reason to address affordable coverage for low-income residents so care could be better managed with insurance coverage, including Medicaid. Hospital costs in the program's successor, now called the Health Safety Net, was \$407 million in FY2016—or 59% percent less than prior to our 2006 reform adjusting for inflation. While there have been some changes to the program over the years, undoubtedly the most significant contributor to this reduction has been the expansion of coverage. Also, it is impossible to calculate the unknown potential for increased numbers of uninsured if affordable health insurance had not been introduced in 2006 and maintained for the past 10 years.

A repeal of the ACA would turn back the clock here in Massachusetts. Attempting to revert back to our Massachusetts coverage programs that existed before the ACA would not be accomplished easily and would involve significant challenges related to the federal support needed for the current level of coverage as well as hospital uncompensated care for uninsured residents. The current subsidized insurance offerings in the state's Connector exchange are now built off of the ACA federal tax credit approach, and the financing of that coverage is heavily dependent on federal funding. On the Medicaid side, the ACA expanded Medicaid eligibility even in states like Massachusetts that had higher levels of Medicaid coverage through waivers. Massachusetts would likely need to seek a waiver to maintain that coverage through Medicaid if the ACA expansions were repealed. Of great concern, losing the ACA's enhanced federal Medicaid funding for these expansions would be a significant issue as the MassHealth program is already facing financial challenges with growing enrollment and reimbursement cuts to hospitals and other providers.

The ACA also ushered in profound innovations that have improved how healthcare is paid for and delivered. These enhancements improved quality of care, improved value, enhanced integration and collaborations in delivering care, and expanded preventive health screening. And other federal statutes, like meaningful use electronic medical record changes and the new Medicare physician payment law (MACRA), are designed to integrate with the ACA for success. The ACA included many less well known provisions that have improved the integrity of our healthcare system, such as the "sunshine" act provisions which greatly improved transparency in the financial relationships between clinicians and manufacturers. These are only a handful of the examples of how significantly the ACA has changed the way we deliver healthcare and, either directly or indirectly, has led to improvements in access and quality for everyone.

As you know, our hospitals are also in the midst of responding to an opioid use crisis,

increased prescription drug prices, a behavioral health system in drastic need of repair, and an aging patient population—all with limited financial resources. The Massachusetts healthcare system is also focused on improving the delivery of care and achieving cost savings through increased care coordination. The ACA aligns financial incentives and alternative payments as levers for improving healthcare quality while driving down costs. Without comprehensive health coverage, progress on all of these efforts will be seriously challenged.

In dollar terms the picture is very clear if the ACA were to be repealed—especially since a large part of the funding for the ACA came from payment cuts to hospitals, and since those cuts may continue despite repeal of essential ACA components. A recent study commissioned by the American Hospital Association (AHA) and Federation of American Hospitals (FAH) found that hospitals stand to lose \$289.5 billion in Medicare inflation updates alone from 2018 to 2026 if the payment cuts in the ACA are continued, and estimated further hospital losses of \$102.9 billion if Medicare and Medicaid disproportionate share hospital reductions are retained. The effect of these losses in Massachusetts would be \$12.3 billion over this time period, according to the study. The report also estimates that nationwide insurance coverage losses without a replacement would have an additional \$165.8 billion financial impact on hospitals in this same time period. The AHA/FAH analysis also estimates the cumulative federal payment reductions to hospital services that have been imposed through other actions subsequent to, and independent of, the ACA; these cuts total another \$148 billion nationally from 2010 to 2026, and come on top of the ACA cuts.

The ACA, like Medicare in 1965, has had its growing pains, but the benefits of the ACA far exceed any ongoing problems. As with any comprehensive law it has been a work in progress. We are still trying to review all the potential aspects of what repeal might mean, but simply getting beyond the key threats of repeal is difficult; the effect on coverage and on the Medicaid waiver programs, the end of quality initiatives, and the great hospital financial hit of not reversing the cuts in place to pay for expansion are all extraordinarily troubling. To our knowledge, no proposal has been floated that would actually maintain insurance coverage that now currently exists as a result of the ACA, or that would continue the quality and delivery system improvements now underway.

Our hospitals, and the thousands of healthcare employees in the commonwealth, are on the frontline of providing some of the best healthcare in the world. Every day Americans see the importance of access to high-quality, cost-effective healthcare, and millions more are insured because of the ACA. We will work with you to ensure that affordable health coverage is sustained so that our efforts can continue to focus on the payment and delivery reforms which remain underway.

Sincerely,

LYNN NICHOLAS,  
MHA President & CEO.

JANUARY 12, 2017.

Congressman JIM MCGOVERN,  
Washington, DC.

DEAR CONGRESSMAN MCGOVERN: We write today on behalf of adults and children, persons with lived experience, family members, providers, and organized labor that make up the mental health and addiction disorders advocacy community to urge you to strongly oppose any major restructuring of the Medicaid program.

A study done by the Substance Abuse and Mental Health Services Administration

(SAMHSA) concluded that one in five Americans experience a mental illness or addiction in any given year. The number of adults and children in the Commonwealth who need behavioral health care services is staggering. In 2015 in Massachusetts, about 4.2% of all adults aged 18 or older had a serious mental illness within the year prior to being surveyed; 46.2% of these individual did not receive any mental health treatment/counseling during that time period.

Massachusetts and the United States as a whole are in the midst of an unprecedented opioid epidemic. In Massachusetts, an estimated 1475 individuals died from January 2016 to September 2016. The first 9 months of 2016 saw a higher opioid overdose rate than the first 9 months of 2015. Nationwide, more people died from drug overdoses in 2014 than in any year on record, and the majority of drug overdose deaths (more than six out of ten) involved an opioid.

We know that recovery is possible for these individuals with effective treatment and supports, which is why preserving Medicaid funding for vital treatment services is so important.

In 2014, spending by Medicaid accounted for 25% of all mental health spending in the U.S. and 21% of all substance use disorder expenditures in the nation. People with behavioral health conditions are nearly one-third of the ACA expansion population.

Republican proposals to drastically restructure Medicaid will shift costs onto states and enrollees, restrict access to care, and increase the number of uninsured and underinsured. The ultimate goal of re-financing Medicaid into block grants/per capita caps is to massively cut the amount of federal spending for Medicaid. According to House Speaker Paul Ryan's proposed Medicaid plan, these proposed changes would result in a total of \$1 trillion in cuts to federal Medicaid spending over the next ten years. Massachusetts would then be forced to increase state spending on the Commonwealth's Medicaid program, and/or reduce eligibility, payments to providers, or benefits.

Proponents of the block grant/per capita cap approach have argued that states would gain greater flexibility in designing and managing their Medicaid programs. However, block grants/per capita caps will not provide any greater programmatic flexibility to states than they have under current law. States currently work with CMS through the section 1115 waiver process to tailor their Medicaid program to fit the needs of their specific state.

We are especially concerned about how many of the proposals being offered by the President-Elect and Republican members of Congress will impact access to vital behavioral health services. The pressure on state Medicaid programs and the corresponding efforts to reduce funding and eligibility will put mental health and substance use disorder services at significant risk. The risk to behavioral health services is so high because Massachusetts, like the rest of the nation, is not required to cover mental health and addiction treatment services as part of our state Medicaid program.

Over the past decade, the Commonwealth of Massachusetts has implemented many reforms to improve health care delivery in the Massachusetts. Despite these efforts, access to a robust continuum of behavioral health services continues to be a challenge for individuals living with a mental health and/or addiction disorder. Any changes that result in reduced funding for Massachusetts' Medicaid program will only exacerbate this problem as Medicaid continues to be the largest payer of these services across the Commonwealth.

It is imperative that adults, children and families be able to access the services they need, when they need them, where they need them. These services should be person-centered, outcome-oriented and clinically and cost effective. Massive cuts to Medicaid funding will make the provisions of such services almost impossible.

Thank you very much for your attention to this important matter. Our organizations are available at your convenience to answer any questions you or your staff may have in relation to our letter.

Sincerely,

Vicker DiGravio III, President/CEO, Association for Behavioral Healthcare; Monica Valdes Lupi, JD, MPH, Executive Director, Boston Public Health Commission; Emily Stewart, Executive Director, Casa Esperanza; Nancy Allen Scannell, Children's Mental Health Campaign; Erin Bradley, Executive Director, Children's League; Melody Hugo, Director, Clinicians United; John McGahan, President/CEO, Gavin Foundation & Recovery Homes Collaborative; Stephen Rosenfeld, Interim Executive Director, Health Care For All; Matt Selig, Executive Director, Health Law Advocates; David Matteodo, Executive Director, Massachusetts Association of Behavioral Health Systems; Danna Mauch, Ph.D., President/CEO, Massachusetts Association for Mental Health; Steve Walsh, President & CEO, Massachusetts Council of Community Hospitals.

Georgia Katsoulomitis, Executive Director, Massachusetts Law Reform Institute; Joseph Weeks, LMHC, President & Midge Williams, LMHC Executive Director, Massachusetts Mental Health Counselors Association; Maryanne Frangules, Executive Director, Massachusetts Organization for Addiction Recovery; Mark J. Hauser, M.D., President, Massachusetts Psychiatric Society; Mary McGeown, Executive Director, Massachusetts Society for the Prevention of Cruelty to Children; Laurie Martinelli, LICSW, NAMI Massachusetts; Carol J. Trust, LICSW, Executive Director, National Association of Social Workers—MA Chapter; Lisa Lambert, Executive Director PPAL; Michael Weekes, President & CEO, Providers Council; Peter MacKinnon, President, SEIU 509; Siva Sundaram, Student Coalition on Addiction.

UMASS MEMORIAL  
COMMUNITY HEALTHLINK,  
January 10, 2017.

Attn: JENNIFER CHANDLER, Chief of Staff,  
Hon. Representative JIM MCGOVERN,  
Washington, DC.

DEAR REPRESENTATIVE MCGOVERN: On behalf of Community Healthlink located in Worcester, Leominster and Fitchburg Massachusetts, I am writing today to urge and request your support in protecting the Affordable Care Act and preserving Medicaid expansion in the 115th Congress.

We provide care to approximately 20,000 of the Commonwealth's most vulnerable individuals. We deliver outpatient mental health and substance abuse services, residential programs for those with mental illness and addiction, detoxification and stabilization services, emergency services for Worcester and North Central Massachusetts, for youth and adults. We also provide primary care for a significant number of adults in addition to services for the homeless in Worcester. The vast majority of our patients are Medicaid eligible and many of the adults are disabled due to mental illness. Though Massachusetts lead the way with covering all of its citizens, at this point the ACA provides a good deal of the funding that we need to continue to provide this near universal coverage.

Recent health insurance data show that Americans with mental health and substance use disorders are the single largest bene-

ficiaries of the Affordable Care Act's Medicaid expansion. Approximately one in three people who receive health insurance coverage through the Medicaid expansion either have a mental illness, substance use disorder or both simultaneously. By repealing the Medicaid expansion, this population of vulnerable American would be left without access to lifesaving treatment, driving up costs in emergency room visits and hospital stays.

Moreover, I am writing to urge your support for the protection of the Medicaid program from proposals to restructure Medicaid as a block grant or capped program. These proposals would reduce federal investment in Medicaid and leave millions of Americans without access to needed mental health and addiction treatment in our state and communities. Please work with your colleagues to protect our nation's most vulnerable patient population and preserve their access to treatment.

Thank you for your continued support. I would be honored to help you in any way possible.

Sincerely,

MARIE HOBART, MD,  
Chief Medical Officer,  
Community  
Healthlink Clinical  
Associate Professor  
of Psychiatry Uni-  
versity of Massachu-  
setts Medical School.

Mr. MCGOVERN. Mr. Speaker, I urge all my colleagues to vote "no" on the previous question, and that would allow us to vote on an amendment by Mr. POCAN which would create a point of order against any legislation that would cut the benefits under Social Security, Medicare or Medicaid, or attempts to privatize Social Security.

So if you want to protect those programs, and if you are against privatizing Social Security, then vote against the previous question so we can bring this up.

Finally, Mr. Speaker, let me just say that this is a sad day because what we are doing here by voting for this budget is setting in motion a process to deny millions of people healthcare protections. I can't imagine why anybody would want to do that.

Is the Affordable Care Act perfect? No, and we are the first to admit it. We want to work in a bipartisan way to strengthen it, to make it better, and to make it less onerous on certain businesses. But my colleagues don't want to do that. They are determined just to vote for an outright repeal, and that is going to hurt countless people in this country, people who have now benefited from no preexisting conditions, people who have benefited from allowing their kids to stay on their insurance until they are 26, and senior citizens who have benefited from closing the doughnut hole. I could go on and on and on. All of that is about to be eliminated.

We are told that there will be replacement someday, somehow. For 6 years—over 6 years—you have been talking about repealing the Affordable Care Act and a replacement, and you haven't brought one bill to the floor—not one.

Now, we believe that health care ought to be a right; I know you don't.

We believe that healthcare protections ought to be in law; you believe they ought to be up to the insurance company. But this is a lousy thing to do. As I said in my opening statement, we are going to fight you on this. This is a fight worth having. Protecting people's health care is something that we all should be dedicated to, and we're going to fight you on this.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

Mr. WOODALL. Mr. Speaker, I yield myself such time as I may consume.

I am fond of telling folks back home, Mr. Speaker, when they tell me they know exactly what is going to happen over the next 2 years, that I don't think they are telling me the truth. Because I confess to you, I have absolutely no idea what is coming over these next 2 years. I think these next 2 years are going to be unlike any we have seen in the history of self-government in this land; and, candidly, I am excited about that because the status quo isn't working for the 700,000 people that I represent.

I don't know what's going to happen over these next 2 years, but I believe that, for the first time, we are going to grapple with some really, really, really hard problems that folks on both sides of the aisle have been ignoring for too long.

Mr. Speaker, I don't question the commitment of my friends on the other side of the aisle to the American people. I question the legislation that they use to deliver it. You heard my friend from Oklahoma talk about premiums going up 67 percent for his constituents. That is indefensible. It is not okay. We can do better, and, with the passage of this budget resolution, we will have the tools to do that. I say again, the law will be the same tomorrow as it is today, but we will have the tools to grapple with these problems.

Eight million Americans were so failed by the Affordable Care Act that they paid a tax penalty instead of accessing care. That is not okay. I don't believe a single Member on the other side of the aisle decided they just wanted to tax young people instead of provide young people with quality care. This budget will give us the opportunity to have the tools to fix that problem.

Billions of dollars, Mr. Speaker, have gone into State-based co-ops that have failed, gone bankrupt, and terminated all of their plans which not only ripped health care out from under the American people, Mr. Speaker, but threw billions of dollars away in administrative costs at the same time. That is not okay. That is indefensible. We can do better. Passing this budget resolution will give us those tools.

Mr. Speaker, I made a commitment in the Rules Committee last night to do everything I could to stop poisoning the well of public discourse. Then I re-

upped for the Rules Committee, and I realized that is going to be a tough promise to fulfill. We have difficult work to do, and we are passionate about the quality of that work.

But, Mr. Speaker, we all know the status quo has failed. We all know that we have the opportunity to deliver, and we all know that a vote of “yes” on this budget resolution will give us more tools to deliver that success than we have today. We need to do this. We need to celebrate doing this.

Mr. Speaker, I ask my colleagues to support the rule and support the two underlying measures that it will bring to the floor.

Mr. ELLISON. Mr. Speaker, we are voting on a Budget Resolution later today that makes it possible to take away health coverage from tens of millions of people.

But the Democrats know that this is just the beginning.

Congressional Republicans have started their plans to not just repeal the Affordable Care Act, but to gut Medicare, Medicaid and Social Security.

Republican proposals would threaten nursing home coverage for millions of seniors, undermine comprehensive health care for children by cutting Medicaid, and slash benefits earned after years of hard work.

The CPC and Congressional Democrats will not stand for this. That is why we introduced an amendment that would ensure the Budget Resolution we are voting on today or any future bill can't be used to cut benefits from Social Security, Medicare or Medicaid, increase the retirement age for these benefits, or privatize Social Security.

But, the majority is not allowing debate or a vote on our amendment.

This sends a clear message: Congressional Republicans are willing to put the lives and futures of millions of children, seniors and working families at risk.

It also puts them on the wrong side of history. Cutting Medicare, Medicaid and Social Security is not what the American people want.

President-elect Trump has promised several times that he will not support cuts to these important programs that help millions of Americans make ends meet.

This leaves Congressional Republicans in a tough spot. Whose side are they on?

Will they commit to protecting hard-working Americans? Will they protect America's children? Seniors? What about people with disabilities?

Or, will they yet again cut the benefits of working people so they can give tax breaks to big corporations?

The Congressional Progressive Caucus and House Democrats will not back down. We will oppose any cuts to Medicare, Medicaid, and Social Security.

I urge my colleagues to vote no and defeat the previous question so we can bring up the CPC amendment to block the House GOP from cutting Medicare, Medicaid and Social Security.

Will House Republicans stand with us?

Today, 55 million older people and people with disabilities have health care because of Medicare.

82 percent of Americans—including 74 percent of Republicans, 88 percent of Democrats

and 83 percent of independents—agree it is critical to preserve Social Security for future generations even if it means increasing Social Security taxes paid by working Americans.

In 2015, 11 million Americans became newly eligible for Medicaid thanks to Medicaid expansion.

If Republicans repeal the ACA, at least 11 million people's Medicaid coverage will be at risk.

The House Republican budget plan for fiscal year 2017 would have cut federal Medicaid funding by \$1 trillion—or nearly 25 percent—over ten years. That is in addition to ending Medicaid expansion.

The Urban Institute estimated that the 2012 Ryan proposal would lead states to drop between 14.3 million and 20.5 million people from Medicaid by the tenth year, in addition to the effects of repealing health reform's Medicaid expansion.

The material previously referred to by Mr. MCGOVERN is as follows:

AN AMENDMENT TO H. RES. 48 OFFERED BY  
Mr. MCGOVERN

At the end of the resolution, add the following new sections:

SEC. 3. Notwithstanding any other provision of this resolution, following general debate on Senate Concurrent Resolution 3 and prior to consideration of the amendment printed in the report of the Committee on Rules accompanying this resolution, the amendment specified in section 4 shall be in order if offered by Representative Pocan of Wisconsin or a designee. Such amendment shall be considered as read, shall be debatable for 10 minutes equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendment are waived.

SEC. 4. The amendment referred to in section 3 is as follows:

At the end of the concurrent resolution, add the following:

SEC. \_\_\_\_ POINT OF ORDER AGAINST LEGISLATION THAT WOULD BREAK DONALD TRUMP'S PROMISE NOT TO CUT SOCIAL SECURITY, MEDICARE, OR MEDICAID.

(a) POINT OF ORDER.—It shall not be in order in the House of Representatives or the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would—

(1) result in a reduction of guaranteed benefits scheduled under title II of the Social Security Act (42 U.S.C. 401 et seq.);

(2) increase either the early or full retirement age for the benefits described in paragraph (1);

(3) privatize Social Security;

(4) result in a reduction of guaranteed benefits for individuals entitled to, or enrolled for, benefits under the Medicare program under title XVIII of 18 such Act (42 U.S.C. 1395 et seq.); or

(5) result in a reduction of benefits or eligibility for individuals enrolled in, or eligible to receive medical assistance through, a State Medicaid plan or waiver under title XIX of such Act (42 U.S.C. 1396 5 et seq.).

(b) WAIVER AND APPEAL IN THE SENATE.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

(c) WAIVER IN THE HOUSE.—It shall not be in order in the House of Representatives to consider a rule or order that waives the application of subsection (a). As disposition of a point of order under this subsection, the Chair shall put the question of consideration with respect to the rule or order, as applicable. The question of consideration shall be debatable for 10 minutes by the Member initiating the point of order and for 10 minutes by an opponent, but shall otherwise be decided without intervening motion except one that the House adjourn.

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308-311), describes the vote on the previous question on the rule as “a motion to direct or control the consideration of the subject before the House being made by the Member in charge.” To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that “the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition” in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: “The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.”

The Republican majority may say “the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.” But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: “Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule . . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment.”

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled “Amending Special Rules” states: “a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.” (Chapter 21, section 21.2) Section 21.3 continues: “Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.”

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. WOODALL. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. MCGOVERN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of adoption of the resolution.

The vote was taken by electronic device, and there were—yeas 234, nays 179, not voting 21, as follows:

[Roll No. 55]

YEAS—234

Abraham	Duncan (SC)	LaHood
Aderholt	Duncan (TN)	LaMalfa
Allen	Dunn	Lamborn
Amash	Emmer	Lance
Amodei	Farenthold	Latta
Arrington	Faso	Lewis (MN)
Babin	Ferguson	LoBiondo
Bacon	Fitzpatrick	Long
Banks (IN)	Fleischmann	Loudermilk
Barletta	Flores	Love
Barr	Fortenberry	Lucas
Barton	Fox	Luetkemeyer
Bergman	Franks (AZ)	MacArthur
Beutler	Frelinghuysen	Marchant
Biggs	Gaetz	Marino
Bilirakis	Gallagher	Marshall
Bishop (MI)	Garrett	Massie
Bishop (UT)	Gibbs	Mast
Black	Gohmert	McCarthy
Blackburn	Goodlatte	McCaul
Blum	Gosar	McClintock
Bost	Gowdy	McHenry
Brady (TX)	Granger	McKinley
Brat	Graves (GA)	McMorris
Bridenstine	Graves (LA)	Rodgers
Brooks (AL)	Graves (MO)	McSally
Brooks (IN)	Griffith	Meadows
Buchanan	Grothman	Meehan
Buck	Guthrie	Messer
Bucshon	Harper	Mitchell
Budd	Harris	Moolenaar
Burgess	Hartzler	Mooney (WV)
Byrne	Hensarling	Mullin
Calvert	Hice, Jody B.	Murphy (PA)
Carter (GA)	Higgins (LA)	Newhouse
Carter (TX)	Hill	Noem
Chabot	Holding	Nunes
Chaffetz	Hollingsworth	Olson
Cheney	Hudson	Palazzo
Coffman	Huizenga	Palmer
Cole	Hultgren	Paulsen
Collins (GA)	Hunter	Pearce
Collins (NY)	Hurd	Perry
Comer	Issa	Pittenger
Comstock	Jenkins (KS)	Poe (TX)
Conaway	Jenkins (WV)	Poliquin
Cook	Johnson (LA)	Posey
Costello (PA)	Johnson (OH)	Ratcliffe
Cramer	Johnson, Sam	Reed
Crawford	Jones	Reichert
Culberson	Jordan	Renacci
Curbelo (FL)	Joyce (OH)	Rice (SC)
Davidson	Katko	Roby
Davis, Rodney	Kelly (MS)	Roe (TN)
Denham	Kelly (PA)	Rogers (AL)
Dent	King (IA)	Rogers (KY)
DeSantis	King (NY)	Rohrabacher
DesJarlais	Kinzing	Rokita
Diaz-Balart	Knight	Rooney, Francis
Donovan	Kustoff (TN)	Rooney, Thomas
Duffy	Labrador	J.

Ros-Lehtinen	Smith (NJ)
Roskam	Smith (TX)
Ross	Smucker
Rothfus	Stefanik
Rouzer	Stewart
Royce (CA)	Stivers
Russell	Taylor
Sanford	Tenney
Scalise	Thompson (PA)
Schweikert	Thornberry
Scott, Austin	Tiberi
Sensenbrenner	Tipton
Sessions	Trott
Shimkus	Turner
Shuster	Upton
Simpson	Valadao
Smith (MO)	Wagner
Smith (NE)	Walberg

NAYS—179

Adams	Fudge
Aguilar	Gabbard
Barragán	Gallego
Bass	Garamendi
Beatty	Gonzalez (TX)
Becerra	Gottheimer
Bera	Green, Al
Beyer	Green, Gene
Bishop (GA)	Grijalva
Blumenauer	Gutiérrez
Blunt Rochester	Hanabusa
Bonamici	Hastings
Boyle, Brendan	Heck
F.	Higgins (NY)
Brady (PA)	Himes
Brown (MD)	Hoyer
Brownley (CA)	Jackson Lee
Bustos	Jayapal
Butterfield	Jeffries
Capuano	Johnson, E. B.
Carbajal	Kaptur
Cárdenas	Kelly (IL)
Carson (IN)	Kennedy
Cartwright	Khanna
Castor (FL)	Kihuen
Castro (TX)	Kildee
Chu, Judy	Kilmer
Cicilline	Kind
Clark (MA)	Krishnamoorthi
Clarke (NY)	Kuster (NH)
Clay	Langevin
Cleaver	Larsen (WA)
Clyburn	Larson (CT)
Cohen	Lawrence
Connolly	Lawson (FL)
Conyers	Lee
Cooper	Levin
Correa	Lewis (GA)
Corroney	Lieu, Ted
Cuellar	Lipinski
Cummings	Loeback
Davis (CA)	Lofgren
Davis, Danny	Lowenthal
DeFazio	Lowe
DeGette	Lujan Grisham,
Delaney	M.
DeLauro	Luján, Ben Ray
DeBene	Lynch
Demings	Maloney,
DeSaulnier	Carolyn B.
Deutsch	Maloney, Sean
Dingell	Matsui
Doggett	McCollum
Doyle, Michael	McEachin
F.	McGovern
Ellison	McNerney
Engel	Meng
Eshoo	Moulton
Españolat	Murphy (FL)
Esty	Nadler
Foster	Napolitano

NOT VOTING—21

Costa	Meeks
Crist	Moore
Crowley	Mulvaney
Evans	Pelosi
Frankel (FL)	Pompeo
Huffman	Price, Tom (GA)
Johnson (GA)	Rush
Keating	Rutherford

Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Tipton
Womack
Woodall
Yoder
Yoho
Young (IA)
Zeldin

Neal
Nolan
Norcross
O'Halleran
O'Rourke
Pallone
Panetta
Pascarella
Payne
Perlmutter
Peters
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Soto
Speier
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Tsongas
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Watson Coleman
Welch
Wilson (FL)
Yarmuth

Messrs. BRADY of Texas, SMITH of New Jersey, and JORDAN changed their vote from "nay" to "yea."

So the previous question was ordered. The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. MCGOVERN. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 235, noes 188, not voting 11, as follows:

[Roll No. 56]

AYES—235

Abraham	Flores	McCarthy
Aderholt	Fortenberry	McCaul
Allen	Fox	McClintock
Amash	Franks (AZ)	McHenry
Amodei	Frelinghuysen	McKinley
Arrington	Gaetz	McMorris
Babin	Gallagher	Rodgers
Bacon	Garrett	McSally
Banks (IN)	Gibbs	Meadows
Barletta	Gohmert	Meehan
Barr	Goodlatte	Messer
Barton	Gosar	Mitchell
Bergman	Gowdy	Moolenaar
Beutler	Granger	Mooney (WV)
Biggs	Graves (GA)	Mullin
Bilirakis	Graves (LA)	Murphy (PA)
Bishop (MI)	Graves (MO)	Newhouse
Bishop (UT)	Griffith	Noem
Black	Grothman	Nunes
Blackburn	Guthrie	Olson
Blum	Harper	Palazzo
Bost	Harris	Palmer
Brady (TX)	Hartzler	Paulsen
Brat	Hensarling	Pearce
Bridenstine	Hice, Jody B.	Perry
Brooks (AL)	Higgins (LA)	Pittenger
Brooks (IN)	Hill	Poe (TX)
Buchanan	Holding	Poliquin
Buck	Hollingsworth	Posey
Bucshon	Hudson	Ratcliffe
Budd	Huizenga	Reed
Burgess	Hultgren	Reichert
Byrne	Hunter	Renacci
Calvert	Hurd	Rice (SC)
Carter (GA)	Issa	Roby
Carter (TX)	Jenkins (KS)	Roe (TN)
Chabot	Jenkins (WV)	Rogers (AL)
Chaffetz	Johnson (LA)	Rogers (KY)
Cheney	Johnson (OH)	Rohrabacher
Coffman	Johnson, Sam	Rokita
Cole	Jones	Rooney, Francis
Collins (GA)	Jordan	Rooney, Thomas
Collins (NY)	Joyce (OH)	J.
Comer	Katko	Ros-Lehtinen
Comstock	Kelly (MS)	Roskam
Conaway	Kelly (PA)	Ross
Cook	King (IA)	Rothfus
Costello (PA)	King (NY)	Rouzer
Cramer	Kinzing	Royce (CA)
Crawford	Knight	Russell
Culberson	Kustoff (TN)	Sanford
Curbelo (FL)	Labrador	Scalise
Davidson	LaHood	Schweikert
Davis, Rodney	LaMalfa	Scott, Austin
Denham	Lamborn	Sensenbrenner
Dent	Lance	Sessions
DeSantis	Latta	Shimkus
DesJarlais	Lewis (MN)	Shuster
Diaz-Balart	LoBiondo	Simpson
Donovan	Long	Smith (MO)
Duffy	Loudermilk	Smith (NE)
Duncan (SC)	Love	Smith (NJ)
Duncan (TN)	Lucas	Smith (TX)
Dunn	Luetkemeyer	Smucker
Emmer	MacArthur	Stefanik
Farenthold	Marchant	Stewart
Faso	Marino	Stivers
Ferguson	Marshall	Taylor
Fitzpatrick	Massie	Tenney
Fleischmann	Mast	Thompson (PA)

Messrs. DOGGETT and CLYBURN changed their vote from "yea" to "nay."

Thornberry  
Tiberi  
Tipton  
Trott  
Turner  
Upton  
Valadao  
Wagner  
Walberg

Walden  
Walker  
Walorski  
Walters, Mimi  
Weber (TX)  
Webster (FL)  
Wenstrup  
Westerman  
Williams

Wilson (SC)  
Wittman  
Womack  
Woodall  
Yoder  
Yoho  
Young (AK)  
Young (IA)  
Zeldin

## NOES—188

Adams  
Aguilar  
Barragán  
Bass  
Beatty  
Becerra  
Bera  
Beyer  
Bishop (GA)  
Blumenauer  
Blunt Rochester  
Bonamici  
Boyle, Brendan  
F.  
Brady (PA)  
Brown (MD)  
Brownley (CA)  
Bustos  
Butterfield  
Capuano  
Carbajal  
Cárdenas  
Carson (IN)  
Cartwright  
Castor (FL)  
Castro (TX)  
Chu, Judy  
Cicilline  
Clark (MA)  
Clarke (NY)  
Clay  
Clever  
Clyburn  
Cohen  
Connolly  
Conyers  
Cooper  
Correa  
Costa  
Courtney  
Crist  
Cuellar  
Cummings  
Davis (CA)  
Davis, Danny  
DeFazio  
DeGette  
Delaney  
DeLauro  
DeBene  
Demings  
DeSaulnier  
Deutch  
Dingell  
Doggett  
Doyle, Michael  
F.  
Ellison  
Engel  
Eshoo  
Español  
Esty  
Evans  
Foster  
Fudge

Gabbard  
Gallego  
Garamendi  
Gonzalez (TX)  
Gottheimer  
Green, Al  
Green, Gene  
Grijalva  
Gutiérrez  
Hanabusa  
Hastings  
Heck  
Higgins (NY)  
Himes  
Hoyer  
Jackson Lee  
Jayapal  
Jeffries  
Johnson (GA)  
Johnson, E. B.  
Kaptur  
Keating  
Kelly (IL)  
Kennedy  
Khanna  
Kihuen  
Kildee  
Kilmer  
Kind  
Krishnamoorthi  
Kuster (NH)  
Langevin  
Larsen (WA)  
Larson (CT)  
Lawrence  
Lawson (FL)  
Lee  
Levin  
Lewis (GA)  
Lieu, Ted  
Lipinski  
Loebach  
Lofgren  
Lowenthal  
Lowe  
Lujan Grisham,  
M.  
Luján, Ben Ray  
Lynch  
Maloney,  
Carolyn B.  
Maloney, Sean  
Matsui  
McCollum  
McEachin  
McGovern  
McNerney  
Meeks  
Meng  
Moore  
Moulton  
Murphy (FL)  
Nadler  
Napolitano  
Neal

Nolan  
Norcross  
O'Halleran  
O'Rourke  
Pallone  
Panetta  
Pascarell  
Payne  
Perlmutter  
Peters  
Peterson  
Pingree  
Pocan  
Polis  
Price (NC)  
Quigley  
Raskin  
Rice (NY)  
Richmond  
Rosen  
Roybal-Allard  
Ruiz  
Ruppersberger  
Ryan (OH)  
Sánchez  
Sarbanes  
Schakowsky  
Schiff  
Schneider  
Schradler  
Scott (VA)  
Scott, David  
Serrano  
Sewell (AL)  
Shea-Porter  
Sherman  
Sinema  
Sires  
Slaughter  
Smith (WA)  
Soto  
Speier  
Swailwell (CA)  
Takano  
Thompson (CA)  
Thompson (MS)  
Titus  
Tonko  
Torres  
Tsongas  
Vargas  
Veasey  
Vela  
Velázquez  
Visclosky  
Walz  
Wasserman  
Schultz  
Waters, Maxine  
Watson Coleman  
Welch  
Wilson (FL)  
Yarmuth

## NOT VOTING—11

Crowley  
Frankel (FL)  
Huffman  
Mulvaney

Pelosi  
Pompeo  
Price, Tom (GA)  
Rush

Rutherford  
Suozi  
Zinke

## □ 1103

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

## PERSONAL EXPLANATION

Mr. SUOZZI. Mr. Speaker, I was not able to vote during the following rollcall votes. Had I been present, I would have voted in the following manner. On vote roll No. 55, I would have voted "nay." On vote roll No. 56, I would have voted "nay."

## CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2017

## GENERAL LEAVE

Mrs. BLACK. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on S. Con. Res. 3.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 48 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the concurrent resolution, S. Con. Res. 3.

The Chair appoints the gentleman from Illinois (Mr. HULTGREN) to preside over the Committee of the Whole.

## □ 1057

## IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the concurrent resolution (S. Con. Res. 3) setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026, with Mr. HULTGREN in the chair.

The Clerk read the title of the concurrent resolution.

The CHAIR. Pursuant to the rule, the concurrent resolution is considered read the first time.

General debate shall not exceed 2 hours, with 90 minutes confined to the congressional budget, equally divided and controlled by the chair and ranking minority member of the Committee on the Budget, and 30 minutes on the subject of economic goals and policies, equally divided and controlled by the gentleman from Ohio (Mr. TIBERI) and the gentlewoman from New York (Mrs. CAROLYN B. MALONEY), or their designees.

The gentlewoman from Tennessee (Mrs. BLACK) and the gentleman from Kentucky (Mr. YARMUTH) each will control 45 minutes of debate on the congressional budget.

The Chair recognizes the gentleman from Tennessee.

Mrs. BLACK. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I would like to inform my colleagues that I intend to reserve 5 minutes of debate time to use after the Joint Economic Committee debate has concluded.

Mr. Chairman, I rise today to speak on behalf of Americans everywhere who are hurting because of ObamaCare. They are calling out for relief from this disastrous law, and Republicans are here today to begin delivering on our promise to provide relief.

We hear plenty of claims from the other side of the aisle during this de-

bate, but let's be clear: ObamaCare has failed and it is only going to get worse.

## □ 1100

Patients have seen skyrocketing premiums and deductibles, lost access to the doctors they preferred, had fewer coverage options, while others have had their plans canceled outright. It is no wonder so many people have rejected this law.

In 2015, roughly 8 million Americans paid the ObamaCare penalty, and more than 12 million Americans claimed an exemption from the penalty. That is 20 million Americans. What does that say about this law that 20 million Americans want nothing to do with it, many preferring to pay a penalty rather than to be subjected to its higher costs and fewer choices? If you ask me, it is strong evidence that the American people are tired of paying more and getting less.

Of course, the destruction that ObamaCare has caused extends beyond discouraging individuals to purchase coverage. It has been a direct attack on those who had insurance already.

In my home State of Tennessee, 28,000 people lost coverage on a single day when the CoverTN program lapsed after the Obama administration decreed that it ran afoul of the Federal Government's top-down requirements. Now premiums in our State are rising by an average of 63 percent, and three-quarters of our counties only have one coverage option to choose from on the ObamaCare exchange.

In five other States around the country—Alabama, Alaska, Oklahoma, South Carolina, and Wyoming—patients only have one insurer in the marketplace to choose from. That makes it pretty difficult for someone to find a plan that meets their unique needs or that of their family.

President Obama promised that this law would lower premiums by \$2,500 per year for the average family. The exact opposite has happened. Average family premiums have gone up by \$4,300, and deductibles have gone up by 60 percent. This is hitting hardworking Americans, many of whom are already struggling to make ends meet.

Folks in Tennessee and all across the country are spending more and more money on their health insurance because of ObamaCare, when they would rather be saving for a new house or for their children's college. The last thing working men and women need right now is the Federal Government making their life harder with more expensive health insurance by continuing to support this failed law.

That is why we are here today. The Senate successfully passed this resolution yesterday, and now it is time for the House to deliver on our promise, by kick-starting the reconciliation process so that we can repeal ObamaCare and provide relief for the folks who are hurting because of this law.

While our friends on the other side of the aisle always claim that Republicans have no ideas or no plans to replace ObamaCare, that simply isn't